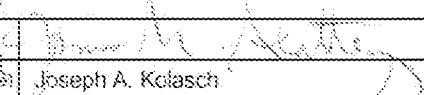


Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
		Application Number	10/518,518-Conf. #5903
		Filing Date	July 15, 2003
		First Named Inventor	Won-Gyu KIM
		Examiner Name	Z. Vakili
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1614
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. 1599-0299PUS1	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____							
Each independent claim over 3 (including Reissues) _____							
Multiple dependent claims _____							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(\$).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	Fee (\$)		
..... + 100 =	/50 =	(round up to a whole number) x	=	=	Fee (\$)		
4. OTHER FEE(S)							
Non-English Specification: \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00							
1253 Extension for response within third month 1,110.00							

SUBMITTED BY					
Signature: 	Registration No. 22,463	Telephone (703) 205-8013			
Name (Print/Type): Joseph A. Kolasch	Date October 2, 2006				